

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2016 OCT 24 AM 11:10

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Anesthesia Service Medical Group Advocacy Fund - Federal

ADDRESS (number and street)

7185 Navajo Road, Suite P

Check if different
than previously
reported. (ACC)

San Diego

CA

92119

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00216184

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)

☐ July 15
Quarterly Report (Q2)

☐ October 15
Quarterly Report (Q3)

☐ January 31
Year-End Report (YE)

☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)

☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

11 / 08 / 2016

in the
State of

CA

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

11 / 08 / 2016

in the
State of

5. Covering Period

10 / 01 / 2016

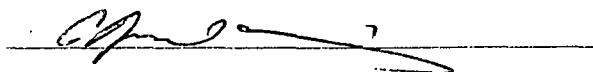
through

10 / 19 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer C. April Boling, CPA

Signature of Treasurer



Date

10 / 20 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Anesthesia Service Medical Group Advocacy Fund - Federal

Report Covering the Period:

From:

MM / DD / YYYY
10 / 01 / 2016

To:

MM / DD / YYYY
10 / 19 / 2016

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1,	<div>2016</div>	<div>8544.08</div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div>2955.94</div>	
(c) Total Receipts (from Line 19)	<div>4005.00</div>	<div>20575.00</div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<div>6960.94</div>	<div>29119.08</div>
7. Total Disbursements (from Line 31)	<div>6069.49</div>	<div>28227.63</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div>891.45</div>	<div>891.45</div>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Anesthesia Service Medical Group Advocacy Fund - Federal

Report Covering the Period:

From:

MM / DD / YYYY
10 / 01 / 2016

To:

MM / DD / YYYY
10 / 19 / 2016

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

- (a) Individuals/Persons Other Than Political Committees
(i) Itemized (use Schedule A).....

1925.00

3575.00

- (ii) Unitemized

2080.00

17000.00

- (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶

4005.00

20575.00

- (b) Political Party Committees

0.00

0.00

- (c) Other Political Committees (such as PACs).....

0.00

0.00

- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)..... ▶

4005.00

20575.00

12. Transfers From Affiliated/Other Party Committees.....

0.00

0.00

13. All Loans Received.....

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0.00

0.00

17. Other Federal Receipts (Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H3).....

0.00

0.00

- (b) Levin Funds (from Schedule H5).....

0.00

0.00

- (c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶

4005.00

20575.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶

4005.00

20575.00

2016-10-24 03:00:11 2108

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements

COLUMN A **Total This Period**

COLUMN B **Calendar Year-to-Date**

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	369.49	1527.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	369.49	1527.63
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	5700.00	26700.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6069.49	28227.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	6069.49	28227.63

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex- **penditures**

COLUMN A **Total This Period**

COLUMN B **Calendar Year-to-Date**

33. Total Contributions (other than loans) (from Line 11(d), page 3)	4005.00	20575.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4005.00	20575.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	369.49	1527.63
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	369.49	1527.63

2016102403080112110

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 19

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Anesthesia Service Medical Group Advocacy Fund - Federal

Full Name (Last, First, Middle Initial)

A. Terrance Breen

Mailing Address 5451 Coral Reef Ave

City	State	Zip Code
La Jolla	CA	92037

FEC ID number of contributing federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2016

☐ Primary ☐ General
☒ Other (specify) ☐ Calendar Year

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 19 / 2016

Transaction ID : 11AI-33922-IP

Amount of Each Receipt this Period

100.00

Payroll Deduction (\$100 Monthly)

Full Name (Last, First, Middle Initial)

B. Robert Brucker

Mailing Address 3253 Lahitte Court

City	State	Zip Code
San Diego	CA	92122

FEC ID number of contributing federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2016

☐ Primary ☐ General
☒ Other (specify) ☐ Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 19 / 2016

Transaction ID : 11AI-33923-IP

Amount of Each Receipt this Period

50.00

Payroll Deduction (\$50 Monthly)

Full Name (Last, First, Middle Initial)

C. James Cage

Mailing Address 4105 Alameda Drive

City	State	Zip Code
San Diego	CA	92103

FEC ID number of contributing federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2016

☐ Primary ☐ General
☒ Other (specify) ☐ Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 19 / 2016

Transaction ID : 11AI-33925-IP

Amount of Each Receipt this Period

50.00

Payroll Deduction (\$50 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶

200.00

TOTAL This Period (last page this line number only)..... ▶

2016-10-24 00:11:21

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 7 OF 19	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Anesthesia Service Medical Group Advocacy Fund - Federal

Full Name (Last, First, Middle Initial)

A. Rhodel Dacanay

Mailing Address 14478 Southern Hills Ln

City	State	Zip Code
Poway	CA	92064

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2016

☐ Primary ☐ General
☒ Other (specify) ☐ Calendar Year

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 19 / 2016

Transaction ID : 11AI-33931-IP

Amount of Each Receipt this Period

100.00

Payroll Deduction (\$100 Monthly)

Full Name (Last, First, Middle Initial)

B. Daniel DeRoo

Mailing Address 15238 Maple Grove Ln

City	State	Zip Code
San Diego	CA	92131

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2016

☐ Primary ☐ General
☒ Other (specify) ☐ Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 19 / 2016

Transaction ID : 11AI-33932-IP

Amount of Each Receipt this Period

50.00

Payroll Deduction (\$50 Monthly)

Full Name (Last, First, Middle Initial)

C. Kent Diveley

Mailing Address 1205 Pacific Highway # 2603

City	State	Zip Code
San Diego	CA	92101

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2016

☐ Primary ☐ General
☒ Other (specify) ☐ Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 19 / 2016

Transaction ID : 11AI-33933-IP

Amount of Each Receipt this Period

50.00

Payroll Deduction (\$50 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶

200.00

TOTAL This Period (last page this line number only)..... ▶

2016-10-24 03:00:12:112

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 8 OF 19	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Anesthesia Service Medical Group Advocacy Fund - Federal

Full Name (Last, First, Middle Initial)

A. Brandon Giap

Mailing Address 6715 Rancho Toyon Place

City	State	Zip Code
San Diego	CA	92130

FEC ID number of contributing federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2016

☐ Primary ☐ General
☒ Other (specify) ☐ Calendar Year

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 19 / 2016

Transaction ID : 11AI-33941-IP

Amount of Each Receipt this Period

100.00

Payroll Deduction (\$100 Monthly)

Full Name (Last, First, Middle Initial)

B. Scott Gillin

Mailing Address 13990 Mercado Drive

City	State	Zip Code
Del Mar	CA	92014

FEC ID number of contributing federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2016

☐ Primary ☐ General
☒ Other (specify) ☐ Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 19 / 2016

Transaction ID : 11AI-33942-IP

Amount of Each Receipt this Period

50.00

Payroll Deduction (\$50 Monthly)

Full Name (Last, First, Middle Initial)

C. Zachary Gordon

Mailing Address 3535 Lebon Dr Apt # 4419

City	State	Zip Code
San Diego	CA	92122

FEC ID number of contributing federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2016

☐ Primary ☐ General
☒ Other (specify) ☐ Calendar Year

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 19 / 2016

Transaction ID : 11AI-33945-IP

Amount of Each Receipt this Period

100.00

Payroll Deduction (\$100 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶

250.00

TOTAL This Period (last page this line number only)..... ▶

2016-10-24 09:00:21 AM

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 19

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Anesthesia Service Medical Group Advocacy Fund - Federal

Full Name (Last, First, Middle Initial)

A. Claudia Herd

Mailing Address 16723 Circa Del Norte

City

Rancho Santa Fe

State

CA

Zip Code

92067

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2016

☐ Primary
☒ Other (specify) ▼

General
Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
10 / 19 / 2016

Transaction ID : 11AI-33949-IP

Amount of Each Receipt this Period

50.00

Payroll Deduction (\$50 Monthly)

Full Name (Last, First, Middle Initial)

B. Khanh Hoang

Mailing Address 501 Del Corro Ct

City

Chula Vista

State

CA

Zip Code

91910

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2016

☐ Primary
☒ Other (specify) ▼

General
Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
10 / 19 / 2016

Transaction ID : 11AI-33952-IP

Amount of Each Receipt this Period

50.00

Payroll Deduction (\$50 Monthly)

Full Name (Last, First, Middle Initial)

C. Garth Huston

Mailing Address 407 Shore View Ln

City

Leucadia

State

CA

Zip Code

92024

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2016

☐ Primary
☒ Other (specify) ▼

General
Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
10 / 19 / 2016

Transaction ID : 11AI-33955-IP

Amount of Each Receipt this Period

50.00

Payroll Deduction (\$50 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

20161024030012114

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 10 OF 19	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Anesthesia Service Medical Group Advocacy Fund - Federal

Full Name (Last, First, Middle Initial)

A. James Jaworski

Mailing Address 16029 Cayenne Ridge Rd

City	State	Zip Code
San Diego	CA	92127

FEC ID number of contributing federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2016

☐ Primary ☐ General
☒ Other (specify) ☐ Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
10 / 19 / 2016

Transaction ID : 11AI-33957-IP

Amount of Each Receipt this Period

50.00

Payroll Deduction (\$50 Monthly)

Full Name (Last, First, Middle Initial)

B. Eung Do Kim

Mailing Address 1067 Volcano Creek Rd

City	State	Zip Code
Chula Vista	CA	91913

FEC ID number of contributing federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2016

☐ Primary ☐ General
☒ Other (specify) ☐ Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
10 / 19 / 2016

Transaction ID : 11AI-33915-IP

Amount of Each Receipt this Period

50.00

Payroll Deduction (\$50 Monthly)

Full Name (Last, First, Middle Initial)

C. Stacy Krueth

Mailing Address 7777 Westside Dr # 446

City	State	Zip Code
San Diego	CA	92108

FEC ID number of contributing federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2016

☐ Primary ☐ General
☒ Other (specify) ☐ Calendar Year

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
10 / 19 / 2016

Transaction ID : 11AI-33980-IP

Amount of Each Receipt this Period

100.00

Payroll Deduction (\$100 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

200.00

TOTAL This Period (last page this line number only)..... ►

2016-10-24 08:00:12:15

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER:		PAGE 11 OF 19	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Anesthesia Service Medical Group Advocacy Fund - Federal

Full Name (Last, First, Middle Initial)

A. Tse-Sun Ku

Mailing Address 3376 Bancroft St

City	State	Zip Code
San Diego	CA	92104

FEC ID number of contributing federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2016

☐ Primary ☐ General
☒ Other (specify) ☐ Calendar Year

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
 10 / 19 / 2016

Transaction ID : 11AI-33981-IP

Amount of Each Receipt this Period

100.00

Payroll Deduction (\$100 Monthly)

Full Name (Last, First, Middle Initial)

B. Ken Lau

Mailing Address 2531 Quarry Rd # 1718

City	State	Zip Code
San Diego	CA	92108

FEC ID number of contributing federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2016

☐ Primary ☐ General
☒ Other (specify) ☐ Calendar Year

Aggregate Year-to-Date ▼

275.00

Date of Receipt

MM / DD / YYYY
 10 / 19 / 2016

Transaction ID : 11AI-33982-IP

Amount of Each Receipt this Period

25.00

Payroll Deduction (\$25 Monthly)

Full Name (Last, First, Middle Initial)

C. Dandy Lee

Mailing Address 701 Midori Ct.

City	State	Zip Code
Solana Beach	CA	92075

FEC ID number of contributing federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2016

☐ Primary ☐ General
☒ Other (specify) ☐ Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
 10 / 19 / 2016

Transaction ID : 11AI-33916-IP

Amount of Each Receipt this Period

50.00

Payroll Deduction (\$50 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

175.00

TOTAL This Period (last page this line number only).....▶

2016-10-24 00:11:11

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 12 OF 19	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Anesthesia Service Medical Group Advocacy Fund - Federal

Full Name (Last, First, Middle Initial)

A. Michael Lee

Mailing Address 440 Pearl St Apt 102

City

La Jolla

State

CA

Zip Code

92037

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2016



☐ General

☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 19 / 2016

Transaction ID : 11AI-33917-IP

Amount of Each Receipt this Period

50.00

Payroll Deduction (\$50 Monthly)

Full Name (Last, First, Middle Initial)

B. Vinod Narla

Mailing Address 1523 Coast Walk

City

La Jolla

State

CA

Zip Code

92037

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2016



☐ General

☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 19 / 2016

Transaction ID : 11AI-33984-IP

Amount of Each Receipt this Period

50.00

Payroll Deduction (\$50 Monthly)

Full Name (Last, First, Middle Initial)

C. Christine Nieman

Mailing Address 5341 Calle Vista

City

San Diego

State

CA

Zip Code

92109

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2016



☐ General

☒ Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 19 / 2016

Transaction ID : 11AI-33878-IP

Amount of Each Receipt this Period

100.00

Payroll Deduction (\$100 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

200.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 19

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Anesthesia Service Medical Group Advocacy Fund - Federal

Full Name (Last, First, Middle Initial)

A. Mark S. Ransom

Mailing Address 859 Morning Sun Drive

City State Zip Code
Encinitas CA 92024

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2016

☐ Primary ☐ General
☒ Other (specify) ☐ Calendar Year

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
10 / 19 / 2016

Transaction ID : 11AI-33887-IP

Amount of Each Receipt this Period

100.00

Payroll Deduction (\$100 Monthly)

Full Name (Last, First, Middle Initial)

B. Peter Raudaskoski

Mailing Address 11256 Sherrard Way

City State Zip Code
San Diego CA 92131

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2016

☐ Primary ☐ General
☒ Other (specify) ☐ Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
10 / 19 / 2016

Transaction ID : 11AI-33889-IP

Amount of Each Receipt this Period

50.00

Payroll Deduction (\$50 Monthly)

Full Name (Last, First, Middle Initial)

C. Stephen Rogers

Mailing Address 1340 Opal Street

City State Zip Code
San Diego CA 92109

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2016

☐ Primary ☐ General
☒ Other (specify) ☐ Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
10 / 19 / 2016

Transaction ID : 11AI-33891-IP

Amount of Each Receipt this Period

50.00

Payroll Deduction (\$50 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

200.00

TOTAL This Period (last page this line number only).....▶

2016-10-24 03:00:12:118

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 14 OF 19	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Anesthesia Service Medical Group Advocacy Fund - Federal

Full Name (Last, First, Middle Initial)

A. Steven A. Saltz

Mailing Address 2757 Inverness Dr.

City State Zip Code
Carlsbad CA 92008

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2016

☐ Primary ☐ General
☒ Other (specify) ☐ Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 19 / 2016

Transaction ID : 11AI-33913-IP

Amount of Each Receipt this Period

50.00

Payroll Deduction (\$50 Monthly)

Full Name (Last, First, Middle Initial)

B. Glenn Vanstrum

Mailing Address 1261 Rhoda Drive

City State Zip Code
La Jolla CA 92037

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2016

☐ Primary ☐ General
☒ Other (specify) ☐ Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 19 / 2016

Transaction ID : 11AI-33903-IP

Amount of Each Receipt this Period

50.00

Payroll Deduction (\$50 Monthly)

Full Name (Last, First, Middle Initial)

C. Lei Wang

Mailing Address 11149 Corte Mar de Cristal

City State Zip Code
San Diego CA 92130

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2016

☐ Primary ☐ General
☒ Other (specify) ☐ Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 19 / 2016

Transaction ID : 11AI-33905-IP

Amount of Each Receipt this Period

50.00

Payroll Deduction (\$50 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶

150.00

TOTAL This Period (last page this line number only)..... ▶

2016-10-24 09:00:24

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 19

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Anesthesia Service Medical Group Advocacy Fund - Federal

Full Name (Last, First, Middle Initial)

A. H. Michael Worthen

Mailing Address 4637 Vista Dela Tierra

City

Del Mar

State

CA

Zip Code

92014

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2016

☐ Primary
☒ Other (specify) ▼

General
Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
10 / 19 / 2016

Transaction ID : 11AI-33909-IP

Amount of Each Receipt this Period

50.00

Payroll Deduction (\$50 Monthly)

Full Name (Last, First, Middle Initial)

B. John Wright

Mailing Address 3063 Cranbrook Ct

City

La Jolla

State

CA

Zip Code

92037

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2016

☐ Primary
☒ Other (specify) ▼

General
Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
10 / 19 / 2016

Transaction ID : 11AI-33974-IP

Amount of Each Receipt this Period

50.00

Payroll Deduction (\$50 Monthly)

Full Name (Last, First, Middle Initial)

C. Roger Zeman

Mailing Address 3545 Front St

City

San Diego

State

CA

Zip Code

92103

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2016

☐ Primary
☒ Other (specify) ▼

General
Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
10 / 19 / 2016

Transaction ID : 11AI-33911-IP

Amount of Each Receipt this Period

50.00

Payroll Deduction (\$50 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 16 OF 19	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Anesthesia Service Medical Group Advocacy Fund - Federal

Full Name (Last, First, Middle Initial)

A. A. Andrew Zimmerman

Mailing Address 229 W Brookes

City State Zip Code
 San Diego CA 92103

FEC ID number of contributing
 federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2016

☐ Primary ☐ General
☒ Other (specify) ☐ Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 19 / 2016

Transaction ID : 11AI-33912-IP

Amount of Each Receipt this Period

50.00

Payroll Deduction (\$50 Monthly)

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ▶

50.00

TOTAL This Period (last page this line number only)..... ▶

1925.00

2016-10-24 00:12:11

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 19

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Anesthesia Service Medical Group Advocacy Fund - Federal

Full Name (Last, First, Middle Initial)

A. C. April Boling, CPA

Mailing Address 7185 Navajo Rd Ste P

City State Zip Code
 San Diego CA 92119

Purpose of Disbursement
 Accounting Services

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
 State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

001
 Category/
 Type

Date of Disbursement

MM / DD / YYYY
 10 / 19 / 2016

Transaction ID : 21B-1051

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

B. C. April Boling, CPA

Mailing Address 7185 Navajo Rd Ste P

City State Zip Code
 San Diego CA 92119

Purpose of Disbursement
 Software

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
 State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

001
 Category/
 Type

Date of Disbursement

MM / DD / YYYY
 10 / 19 / 2016

Transaction ID : 21B-1052

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C. C. April Boling, CPA

Mailing Address 7185 Navajo Rd Ste P

City State Zip Code
 San Diego CA 92119

Purpose of Disbursement
 Federal Express

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
 State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

001
 Category/
 Type

Date of Disbursement

MM / DD / YYYY
 10 / 19 / 2016

Transaction ID : 21B-1053

Amount of Each Disbursement this Period

19.49

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

369.49

369.49

20161024001222

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 19

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Anesthesia Service Medical Group Advocacy Fund - Federal

Full Name (Last, First, Middle Initial)

A. Friends of Joe Heck

Mailing Address P.O. Box 753908

City State Zip Code
Las Vegas NV 89136

Purpose of Disbursement
Political Contribution

Candidate Name

Joe Heck

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: NV District:

Date of Disbursement

MM / DD / YYYY
10 / 10 / 2016

Transaction ID : 23-1045

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Issa for Congress

Mailing Address P.O. Box 760

City State Zip Code
Vista CA 92085

Purpose of Disbursement
Political Contribution

Candidate Name

Darrell Issa

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 49

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2016

Transaction ID : 23-1047

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Tim Scott for Senate

Mailing Address P.O. Box 7272

City State Zip Code
Alexandria VA 22307

Purpose of Disbursement
Political Contribution

Candidate Name

Tim Scott

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: SC District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2016

Transaction ID : 23-1046

Amount of Each Disbursement this Period

1700.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4700.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 19

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Anesthesia Service Medical Group Advocacy Fund - Federal

Full Name (Last, First, Middle Initial)

A. Friends of Todd Young

Mailing Address P.O. Box 1053

City State Zip Code
 Bloomington IN 47402

Purpose of Disbursement
 Political Contribution

Candidate Name

Todd Young

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District:

Date of Disbursement

MM / DD / YYYY
 10 / 19 / 2016

Transaction ID : 23-1048

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1000.00

5700.00

2016101910012124



xpress

ORIGIN ID: MYFA
CHARLES HERZFELD
7185 MAYVADO ROAD SUITE P
SAN DIEGO, CA 92119
UNITED STATES US

SHIP DATE: 21OCT16
ACTWGT: 0.50 LB
CAD: 4790401/NET3790
BILL SENDER

TO
FEDERAL ELECTION COMMISSION
FEDERAL ELECTION COMMISSION
999 E ST NW

WASHINGTON DC 20463

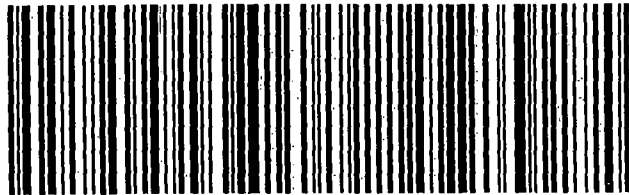
REF: ASMG FEC 3X
DEPT: (202) 694-1100
INV: PO: (202) 694-1100



4790401/NET3790

WED - 26 OCT 4:30P
EXPRESS SAVER
TRK# 7775 2816 4309
0201
20463
IAD DC-US

SK RDVA



Extremely Urgent

RECEIVED
FED MAIL CENTER
2016 OCT 24 AM 11:10

Insert shipping document here

NOT TO BE OPENED

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered Date of Receipt

☐ USPS First Class Mail Postmarked Date of Receipt

☐ USPS Registered/Certified Postmarked (R/C)

☐ USPS Priority Mail Postmarked

☐ USPS Priority Mail Express Postmarked

☐ Postmark Illegible

☐ No Postmark

☒ Overnight Delivery Service (Specify): **FEDEX** Shipping Date **10/24/16**
Next Business Day Delivery ☐

☐ Received from House Records & Registration Office Date of Receipt

☐ Received from Senate Public Records Office Date of Receipt

☐ Received from Electronic Filing Office Date of Receipt

☐ Other (Specify): Date of Receipt or Postmarked

PREPARER
(3/2015)

10/24/16
DATE PREPARED

20161024 08:00:12Z